

## **Supplemental Application Data Sheet**

### **Application Information**

Application number:: 10/799,941

Filing Date:: 03/11/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 1654

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NOVEL MULTipeptIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS

Attorney Docket Number:: 0019240.00477US2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Martha

Middle Name:: G.

Family Name:: WELCH

Name Suffix::

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 952 Fifth Avenue - 7C

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: A.  
Family Name:: RUGGIERO  
Name Suffix::  
City of Residence:: West Haven  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of mailing address:: 601 Washington Avenue

City of mailing address:: West Haven  
State or Province of mailing address:: CT  
Country of mailing address::  
Postal or Zip Code of mailing address:: 06516

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Muhammad

Middle Name::

Family Name:: **ANWAR**

Name Suffix::

City of Residence:: **Spring Valley**

State or Province of Residence:: **NY**

Country of Residence:: **US**

Street of mailing address:: **42 Sarah Dr.**

City of mailing address:: **Spring Valley**

State or Province of mailing address:: **NY**

Country of mailing address::

Postal or Zip Code of mailing address:: **10977**

### **Correspondence Information**

Correspondence Customer Number:: **56949**

### **Representative Information**

Representative Customer Number:: **56949**

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/518389	11/06/03

## **Foreign Priority Information**

### **Assignee Information**

Assignee name:: THE TRUSTEES OF COLUMBIA UNIVERSITY  
IN THE CITY OF NEW YORK

Street of mailing address:: 412 Low Memorial Library  
535 West 116th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10027

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18.  
Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Julia A. Grimes/	Date	11/05/2010
Name (Print/Type)	Julia A. Grimes, Ph.D.	Registration No. (Attorney/Agent)	66,170